

The fee for searches of vital records has been established in accordance with GA Code Ann., 31-10 of the Official Code of Georgia. There is a \$10.00 fee to search the registry for each name. The search fee is non-refundable. This form may be reproduced.

PLEASE PRINT	OR TYPE ALL INFORM	IATION LEGIBL	Y AND CO	RRECTLY BELOW.	
Section 1: REQUESTER'S	SINFORMATION				
FIRST NAME	MIDDLE NAME		LAST N	NAME	
ADDRESS (STREET NAME & NUMBER, CITY,	STATE, & ZIP CODE)		<u> </u>		
COUNTY/DFACS		STATE BAR MEMBERSHIP NUMBER			
Section 2: MOTHER'S IN	NEORMATION				
LEGAL FIRST NAME OF MOTHER/PARENT 1			ER	LAST NAME OF MOTHER AT BIRTH	
ADDRESS (STREET NAME & NUMBER, CITY,	STATE, & ZIP CODE)				
SOCIAL SECURITY NUMBER	UMBER		DATE OF BIRTH (MONTH, DAY, YEAR)		
OTHER NAMES MOTHER/PARENT 1 MAY BE	KNOWN BY				
Section 3: CHILD'S INFO	RMATION				
LEGAL FIRST NAME OF CHILD AT BIRTH	MIDDLE NAME OF CHILD AT BIRTH	LAST NAME OF CHILD	AT BIRTH	GENERATION (JR., II, III, ETC.)	
SEX OF CHILD (MALE OR FEMALE)	DATE OF BIRTH (MONTH,	DAY, YEAR)	CITY AND ST	ATE OF BIRTH	
to identify all individua born to or to be born to of paternity without ac above, for purposes of	nd hereby requests that it is who have registered to the mother/parent 1 knowledging paternity locating a biological but	at a search be in the self of	made of the knowledgir ove; or (2) in to the me ther to provibiological f	e Putative Father Registry	